

**APPLICATION FOR ZONING TEXT AMENDMENT  
MOORE COUNTY**

Please type or print

Application # \_\_\_\_\_

Submit to:     Planning & Zoning Administrator  
                    101A Monroe Street  
                    P. O. Box 905  
                    Carthage, NC 28327

Date: \_\_\_\_\_

1. Applicant/Owner: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone #:    Home: \_\_\_\_\_                      Work: \_\_\_\_\_

4. All applications for a zoning text amendment must be accompanied with a nonrefundable application fee of \$100.

5. List zoning district that amendment is requested for, if applicable: \_\_\_\_\_

6. Please submit proposed text amendment on the lines that follow (or on an attached piece of paper): \_\_\_\_\_

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I (We), the undersigned, certify that all statements furnished in this application are true to the best of my (our) knowledge, and do hereby agree to follow all reasonable requests for information as designated by the County of Moore Planning and Zoning Administrator.

\_\_\_\_\_  
Applicant/Owner's Signature

\_\_\_\_\_  
Applicant/Owner's Signature

\_\_\_\_\_  
Applicant/Owner's Signature

\_\_\_\_\_  
Applicant/Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Filing Fee: \_\_\_\_\_

Date Fee Received: \_\_\_\_\_

Filing Fee Receipt #: \_\_\_\_\_